

**Towards Unity in Action Multi-Donor Trust Fund
FINAL PROGRAMME¹ NARRATIVE REPORT
REPORTING PERIOD: FROM 24.10.2014 TO 31.12.2015**

Programme Title & Project Number	Country, Locality(s), Priority Area(s) / Strategic Results²
Programme Title: Joint Action to Strengthen Human Rights in the Transnistrian Region of the Republic of Moldova Programme Number (if applicable) MPTF Office Project Reference Number: ³ 00093084	(if applicable) Country/Region: Moldova, Republic of
Participating Organization(s)	Implementing Partners
<ul style="list-style-type: none"> Organizations that have received direct funding from the MPTF Office under this programme UNAIDS, UNODC, WHO and UNDP 	National counterparts (government, private, NGOs & others) and other International Organizations De-facto health authorities in Tiraspol, med. institutions, NGOs
Programme/Project Cost (US\$)	Programme Duration
Total approved budget as per project document: MPTF /JP Contribution ⁴ : UNODC - 28,075; UNDP - 32,164; WHO - 45,108; UNAIDS - 83,074 USD Agency Contribution <ul style="list-style-type: none"> by Agency (if applicable) Government Contribution (if applicable) Other Contributions (donors) (if applicable) TOTAL: 188,421 USD	Overall Duration 14 months Start Date ⁵ 24.10.2014 Original End Date ⁶ 31.12.2015 Actual End date ⁷ 31.12.2015 Have agency(ies) operationally closed the Programme in its(their) system? Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Expected Financial Closure date ⁸ :
Programme Assessment/Review/Mid-Term Eval.	Report Submitted By
Evaluation Completed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy Evaluation Report - Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: dd.mm.yyyy	<ul style="list-style-type: none"> Name: Svetlana Plamadeala Title: Country Manager Participating Organization (Lead): UNAIDS Email address:plamadealas@unaids.org

¹ The term “programme” is used for programmes, joint programmes and projects.
² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;
³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page on the [MPTF Office GATEWAY](#).
⁴ The MPTF/JP Contribution is the amount transferred to the Participating UN Organizations – see [MPTF Office GATEWAY](#)
⁵ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)
⁶ As per approval of the original project document by the relevant decision-making body/Steering Committee.
⁷ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see [MPTF Office Closure Guidelines](#).
⁸ Financial Closure requires the return of unspent balances and submission of the [Certified Final Financial Statement and Report](#).

Main abbreviations and acronyms

HIV - Human Immunodeficiency Virus
AIDS - Acquired Immune Deficiency Syndrome
TB – Tuberculosis
PWID – People who Inject Drugs
IDU – Injecting Drug Users
UNPF - United Nations - Republic of Moldova Partnership Framework
MPTF – Multi-Partner Trust Fund
OST – Opioid Substitution Treatment
SW – Sex Workers
MSM – Men who have sex with men
NTP - National TB Program
CCM TB/AIDS - Country Coordination Mechanism on TB/AIDS
GFATM - The Global Fund to Fight AIDS, TB and Malaria
UCIMP - Unit of Programme Coordination, Implementation and Monitoring
EHRN - Eurasian Harm Reduction Network
PTM - Pharmacotherapy with methadone
CSO - Civil society organizations
PMTCT - Prevention of mother to child transmission
IEC - Information, education, communication
ARV - Anti-retroviral treatment

FINAL PROGRAMME REPORT FORMAT

I. PURPOSE

The Human Rights and HIV/AIDS in Transnistria programme was implemented in response to the UN Senior Human Rights Advisor Thomas Hammarberg's recommendations regarding human rights in the Transnistrian region, based on the first ever report on the situation in the region, delivered in early 2014. The report concluded that, of all regions of the Republic of Moldova, the Transnistrian region (TN) is facing a number of most pressing health care issues. It has the worst epidemiologic profile in terms of HIV and TB in the country, as corroborated by latest National AIDS Program data (2013): HIV incidence was 46.91 per 100 thousand people in TN vs. 13.68 in the rest of the country, while HIV prevalence was 463.25 in TN vs. 129.89 per 100 thousand elsewhere. TN counts for about one-third of the total number of HIV cases and HIV related deaths reported to date in the whole country, and for almost half of all AIDS cases, indicating late diagnosis and delayed access to care. The most affected by the epidemic are key populations: people who inject drugs (PWIDs), sex workers (SW), men having sex with men (MSM), as well as migrant workers and their partners/families. The situation was affected negatively by poor dialogue: (1) across the two banks of the river except some limited-scale exchange of data and shared Global Fund financed activities; (2) across health services within TN (poor links and referrals between HIV, TB and drug addiction services); and (3) between civilian and prison sectors. Within the latter, many life-saving interventions were either lacking entirely (opioid substitution therapy and prevention programmes for sex workers and men who have sex with men in TN) or are of a limited scale, while in other outdated practices are prevailing. International human rights standards underpinning work around HIV and TB, especially related to the key populations, needed to be studied, understood and applied in the TN.

The main goal of the project was to provide support to ensure universal equitable access to quality, integrated and rights-based HIV prevention, treatment and care services for most at risk populations in the civilian and prison sectors of the Transnistrian region. It directly contributed to the achievement of several UNPF outcomes (UNPF serves as the Development and Partnership Framework with Moldovan Government covering the period 2013-2017):

- Outcome 1.3 "State bodies and other actors effectively promote and protect human rights, gender equality and non-discrimination, with particular attention to the marginalized and the vulnerable" under Pillar 1 "Democratic Governance, Justice, Equality and Human Rights";
- Output 2.2.2 "National stakeholders have enhanced capacity to ensure equitable access to HIV and TB prevention, diagnosis, treatment and care of key populations" under Pillar 2: "Human Development and Social Inclusion"

Specific objectives included:

1. Promote best international practices and standards on HIV integrated care in the region
2. Advocate for pharmacotherapy with methadone as the policy to address drug addiction in the region
3. Raise public awareness to combat stigma and discrimination of most affected populations to HIV

This report takes stock of the results and achievements of the full period of implementation. Upon agreement with the donor the programme was extended into the first half of 2016 due to the need to finalize the equipment and capacitation of the stomatological ward in the Tiraspol prison.

II. ASSESSMENT OF PROGRAMME RESULTS

i). Narrative reporting on achieved results:

The project succeeded to address these difficult issues from several perspectives: improved dialogue and collaboration of responsible authorities from different sectors (health, social, prison and civil sector) on both banks and promotion of an integrated service approach in the region; improved knowledge of decision-makers and health

professional to use human rights principles and commitments and international standards. It addressed stigma and discrimination towards most HIV-affected and vulnerable populations, covering thousands of people and built knowledge and competencies of 147 health, prison, civil society personnel on integrated HIV/TB/drug addiction through trainings, site visits and through providing access to international standards and best practices. Also, a platform of cooperation between Moldova and its Transnistrian region and Belarus was established to advocate and implement best existing practices in Belarus related to people who inject drugs. Due to its proximity to the context of the Transnistrian region, Belarus was a good option to advocate for methadone intervention, especially considering the efficiency of the programme in the country and the integrity to address in the best way the needs of PWIDs despite the political aspects.

The implemented activities enhanced the collaboration between the both banks of the Nistru river, allowed the specialists from both regions to know each other, to work together and to improve their knowledges and capacities. As a result, for the first time in five years, the NGOs from TN reported that the de facto authorities had allowed them to enter the prisons to provide peer to peer prevention, care and support services to PWID and PLWH. For the first time, SW and MSM were addressed by de facto health authorities and received services beginning with 2015. The National Action Plan 2016-2020, developed in 2015, with the project support, includes Transnistrian needs related to prevention, treatment, care and support services. Thus, the needs of stakeholders from the Transnistria region were integrated into the national policy, covering the full territory of Moldova, also contributing to confidence building between both banks of the Nistru river.

Overall, the project achieved the intended results at the outcome and output level. Most of the planned results have been overachieved, without any budget extensions.

The cooperation between implementing agencies was very good and constructive. Most of the key advocacy messages were delivered through joint UN communication. Some activities were organized jointly by implementing partners, which contributed a lot to improve communication and coordination between agencies and have a better focus on the results. It ensured no duplication, mutual support and efficient implementation of the program. Good partnerships were leveraged with national health, justice specialists, NGOs from both banks of the river, as well as Global Fund Principal Recipients ensuring added value, complementarity and efficiency related to the results achieved and changes produced.

The results and achievements of the programme are presented in greater detail below.

Outcome 1: Four policy documents on integrated care developed

Three strategic documents were developed in 2015, ensuring they align to the international standards and embed integrated care approach to make the services friendly, close and human-rights based. The policies targeted the people most affected by HIV – people who inject drugs (PWID), sex workers (SW) and MSM (men having sex with men), SW and MSM being firstly addressed in the Transnistrian region. Due to the long-lasting coordination procedure with *de facto* Transnistrian authorities, only three documents ended up being developed. The respective documents are as follows:

1. *Report on assessment of legal and normative framework of human rights integration into the Transnistrian region's HIV response.* The assessment was conducted under OHCHR guidance and implemented by a local consultant from Transnistria. It was mainly based on a desk review of the entire Transnistrian de facto legal and normative framework; looking in details at the full range of human rights. It looks at barriers imposed by the legislation that limit people's access to services and improved life quality. The recommendations propose to remove all those barriers and integrate a human rights approach into the de facto Transnistrian HIV legal framework. The Transnistrian de facto authorities have showed a willingness to make the recommended changes, which then would be undertaken in the follow up programme Joint Action to Strengthen Human Rights in the Transnistrian Region.

2. *National AIDS control and prophylaxis programme for the period 2016-2020, including interventions for the Transnistrian region.* The document is based on epidemiological evidence and was developed based on results based

management principles, thus presenting a robust and well prioritized approach. For the first time, it incorporates prevention programmes for SW and MSM in the Transnistrian region. It aims to increase the coverage of prevention among PWID on both banks of the river up to 60% as per the international recommendations, having circa 30% as the baseline (2014). It also aims at fast-tracking testing, treatment, care and support services as per the 90%-90%-90% UNAIDS strategy (90% of those estimated living with HIV are diagnosed, 90% of those diagnosed are enrolled in treatment, 90% of those in treatment have an undetectable viral load), with the objective of tripling the number of patients in treatment by 2020. The new programme makes the voice of Transnistrian stakeholders heard and integrates their needs into the national policy, covering the full territory of Moldova, which also contributes to confidence building between both banks of the Nistru river.

3. *Road map on the provision of a comprehensive package of services to PWID.* The document aimed to identify ways to improve and scale up existing services to PWID, including opioid substitution treatment (OST), which is not available in the Transnistrian region. The document was developed in July 2015 and updated after a workshop in December 2015. The workshop saw high-level representation from the Transnistrian side, i.e. de facto Minister of Justice, de facto Deputy Minister of Health, AIDS coordinator, health specialists and NGO representatives. The document contains a SWOT analysis, actions to be taken by the de facto authorities, e.g. in the field of health, social protection, interior, justice, local public authorities, as well as by the civil society. The updated document from December proposes clear actions for 2016-2017.

Output 1.1.1: Needs assessment report

Changes have been operated to this output twice. Firstly, it was negotiated with the donor to allow UNODC to organize a study visit for prison staff from both banks of the Nistru river to Geneva, Switzerland, which is an example of best practices of comprehensive services for PWID in prisons. Due to objective reasons (lack of time, extensive organizational arrangement required) the activity was postponed to the follow up programme Joint Action to Strengthen Human Rights in the Transnistrian Region. Instead of the needs assessment, it was agreed with the donor to improve health infrastructure in prisons, with the objective to improve inmates' health conditions and indirectly also to strengthen the de facto prison authorities' relations with local NGOs, which were tasked to undertake the refurbishments. As a result, for the first time in five years, the NGOs reported that the de facto authorities had allowed them to enter the prisons to provide peer to peer prevention, care and support services to PWID and PLWH. One of the NGOs, "Reforme medicale", signed a memorandum of cooperation on providing HIV services to prisoners with the de facto prison authorities for 2016. The infrastructure of one prison in Tiraspol was fully refurbished and dental equipment procured.

Output 1.1.2: Knowledge and competencies of key stakeholders to provide TB treatment and care consolidated

Further to the extensive consultations and based on a 2013 WHO working visit (by the National TB Program (NTP) representatives from Chisinau to Estonian the NTP), WHO negotiated and prepared a working visit to Estonia, organized for 10 persons on 7-11 September 2015, in partnership with the secretariat of Moldova's National Coordination Council (NCC) for HIV and TB Programmes. The participants included a balance of governmental and civil society organizations working in HIV, TB and PWID from both sides of the Nistru river, as well as decision-makers from the relevant national and subnational health authorities. An international consultant, Manfred Danilovits, TB program coordinator from Tartu, who participated in the WHO TB program review in Moldova in February 2013 and in the WHO policy dialogue on TB case holding and outpatient care in May 2014, facilitated the visit. It provided an opportunity for group and individual meetings with relevant stakeholders, including Q&A sessions, and visits to selected sites and service providers in Tallinn, Tartu, Virumaa and Viljandi. International travel costs were cost-shared with the NCC secretariat (with the Global Fund to Fight AIDS, TB and Malaria (GFATM) funds through one of its local principal recipients, the Unit of Programme Coordination, Implementation and Monitoring (UCIMP).

Output 1.1.3: Knowledge and competencies of key stakeholders to provide integrated HIV/TB/drug addiction treatment consolidated

The WHO Country Office in the Moldova organized a workshop on “Improving the Quality of Pharmacotherapy of Opioid Dependence and HIV Prevention in Moldova: an Integrated Approach at the Vilnius Center for Addictive Disorders (VPLC)” in Vilnius, Lithuania, on 3-5 August 2015, under the aegis of the WHO Collaborating Centre for Harm Reduction. The latter was established with the support of the Eurasian Harm Reduction Network (EHRN) and VPLC. The visit targeted technical issues and aimed at exposing selected professionals from both sides of the Nistru river to integrated care in HIV and injecting drug use (PWID), with special focus on harm reduction and pharmacotherapy with methadone (PTM) in an attempt to scale up evidence-based comprehensive interventions. Besides the core training package usually taught at the VPLC, it also featured topics of specific interest to Moldova, as per the latest findings and knowledge gaps identified during the assessment missions conducted by VPLC in Moldova over the last couple of years, including in the Transnistrian region and prisons. Workshop participants included five national or subnational representatives of the drug addiction, HIV and tuberculosis services from the Government side, and two representatives of civil society organizations (CSO) providing advocacy and specific services in selected areas (e.g. harm reduction), from Chisinau and Tiraspol. The workshop helped participants update their knowledge about harm reduction specific activities and comprehensive rehabilitation options for substance abuse, including PTM, outlining key advantages and disadvantages of each. It also showed how different HIV, TB and PWID integrated care services works in practice, including the roles of mobile clinics, non-state actors and other service providers, and interaction of those. Various health system dimensions related to harm reduction and sustainability were raised, such as stewardship, financing, staffing and equipment, or service provision. The cross-sector approach was explored and the role of health and social workers in case management, including complex cases (HIV, TB, PWID, viral hepatitis), group versus individual treatment plans, principles of PWID rehabilitation at community level, social and professional (re)integration of service users. Participants were also introduced to principles of patient motivation and quality assessment and improvement tools.

Output 1.1.4: Health staff trained to provide integrated care services on HIV/TB, especially prevention of mother to child transmission (PMTCT)

A total of 61 health specialists from both banks of the Nistru river are now able to provide more qualitative and friendly services to people infected and affected with HIV, after they were trained on integrated care services on HIV/TB, during a set of three trainings organized in October 2015. Participants were capacitated based on the general situation on latest scientific development in HIV/AIDS field, improved their skills in prevention, PMTCT and co-infections (HIV/TB). Special attention was dedicated to discrimination and stigmatization issues. Also, participants received a full set of normative acts related to HIV/AIDS. All participants were evaluated pre- and post- training. The initial evaluation showed a level of knowledge of around 45%, compared to 95% post-training.

Outcome 2: A twinning platform between Moldova, including the Transnistrian region, and Belarus created and consolidated

A platform between Moldova, including the Transnistrian region, and Belarus was created especially with the goal to reap mutual benefits from both countries' experience of ensuring access of PWID to a comprehensive package of services, including OST (which is not yet accessible in the Transnistrian region). Belarus was chosen due to its similarities with the context of the Transnistrian region, and due to the efficiency of their programme to address the needs of PWID despite political sensitivities; Transnistrian de facto authorities generally follow outdated policies towards PWID. Moreover, the right-bank Moldovan health authorities are known for best practices in harm reduction, including OST in prisons, which is of major interest for Belarus. The platform was informally agreed with the Minister of Health of Belarus, the Deputy Minister of Health of Moldova and de facto Ministry of Health of the Transnistrian region. As a result, all parties benefited from being exposed to best practices, capacity building and experience sharing (see below for more details).

Output 2.1.1: Drug dependency services from both banks of the river, including civil society, providing services for People Who Inject Drugs (PWID) exposed to best practices

In the period of 27-28 April 2015, a delegation of nine persons (three drug dependency professionals from each side of the Nistru river, two persons representing NGOs, as well as a UNODC representative) participated in a study visit

to Belarus. The agenda of the visit focused on the integrated and comprehensive package of services for PWIDs, ensuring one day of visits and presentations on methadone substitutions therapy. Specialists from both banks of the Nistru river improved their knowledge during a two-day visit to the OST site, harm reduction program, and national rehabilitation centres. The target was overachieved, as it was initially planned to have seven persons involved in the visit.

Output 2.1.2: Knowledge and competencies of Drug dependency professionals to provide/drug addiction treatment consolidated

In the period 16-19 July 2015, after negotiations between UNAIDS Moldova and the Ministry of Health of Belarus, two international consultants from Belarus: Ivan Konorazov, main Drug dependency specialist, and Alexei Alexandrov, deputy medical director of the health institution “Regional Clinical Center of Minsk for Psychiatry and Narcology” visited Moldova. The visit aimed at promoting OST in the Transnistrian region and scale up of the services on the right bank of the Nistru river. The consultants met the Deputy Minister of Health, Department of Penitentiary Institutions and Drug dependency services in Moldova, and the de facto Minister of Health and technical specialists from the Transnistrian region. Through these meetings the basis of the joint Moldova-Belarus platform was established, and consensus on further mutual support and assistance was achieved. The second part of the visit was aimed at providing training to 50 specialists in the field. A full day training was conducted for 25 specialists from the right bank of the Nistru (covering all rayons providing harm reduction and OST) and 25 specialists from the left bank. Representatives of NGOs providing social services to PWID were also present. The participants were trained on the basis of the latest scientific evidence, the expertise of the instructors, and international standards.

Output 2.1.3: Organize a series of trainings using the TreatNet tool developed by UNODC for the narcologists drug dependency specialists from the Transnistrian region

During 6-8 July 2015, 20 medical professionals specialized in drug dependency treatment and communicable diseases from both banks of the Nistru river participated in training on complex approaches to treatment of drug dependency and associated comorbidities, and made proposals on how to address this issue. The seminar “Evidence-based drug dependence treatment and HIV prevention amongst people who use drugs” is part of the specialized training modules based on TreatNet, a tool developed by the UNODC Treatment and Rehabilitation section. The international expert Dr. Claude Uhlinger, a Swiss psychiatrist, certified in TreatNet trainings, shared his knowledge about the most advanced drug dependence treatment methods. During group work, the participants of the seminar discussed the need for complex approaches to treatment of drug dependency and associated comorbidities. Participants from both banks of the Nistru river agreed about the need to intensify efforts for combating the phenomena of stigmatization of patients with drug dependency and to increase the application of bio-psycho-social assistance methods in the process of PWID rehabilitation.

Outcome 3: Tolerant attitudes towards most in risk populations and HIV persons developed

Stigma and discrimination was addressed through two major communication and social campaigns, which are described in detail below. The campaigns reached thousands of persons from 8 major cities, including two from the Transnistrian region, Tiraspol and Ribnita. A number of key results were achieved by the campaigns: (1) attitudes among the general population towards people living with HIV improved, (2) a wide range of stakeholders (ministries, development partners, civil society from both banks of the Nistru river) were mobilized to counter stereotypes and fight and stigma and discrimination.

Output 3.1: Elaboration of information, education, communication (IEC) materials on HIV and TB prevention for health workers, police/militia, social workers

As a result of an assessment on needs of IEC undertaken by the Transnistrian NGO “Zdorovoie Buduscee” and the national AIDS coordinator in the Transnistrian region, several informative booklets addressed to youth and the

general population on issues such as HIV prevention, voluntary counseling and testing for HIV and hepatitis, as well as anti-retroviral treatment (ARV) adherence were developed.

The following informational materials was developed and printed in the last trimester of 2015:

- Booklet "Change your view on HIV" – 20,000 copies;
- Booklet "Protect yourself from HIV" – 15,000 copies;
- Booklet "Voluntary Counseling and Testing in HIV and Hepatitis" – 15,000 copies;
- Brochure "Adherence to ARV therapy" – 1,000 copies;
- Brochure "About us. Information for women who inject drugs" – 5,000 copies.

The target was overachieved, without affecting the programme budget. The materials would be distributed to the beneficiaries in 2016-2017.

Output 3.2. Awareness events to fight stigma and discrimination organized on both banks of the Nistru river

The first major communication and social campaign to increase awareness among the general population and to reduce stigma and discrimination was organized in May 2015 on the occasion of the International Candlelight Day/Commemoration Day. To increase the impact, the technical working group on communication and prevention of the Country Coordination Mechanism on TB/AIDS (CCM) recommended a joint national communication campaign. The financial resources for the joint national campaign were provided by the Global Fund and the Government of Sweden. The programme provided small grants to NGOs active on both banks of the Nistru river for implementation of the campaign.

The campaign was built on the slogan "My status is not a secret". It aimed to improve the understanding among the general population that PLWH are not different from other people, that they can have families, good jobs and lead qualitative lives. Thus, eight persons living with HIV declared their status publicly, including one from the Transnistrian region. 41 billboards and 10 LCD screens were used to tell the stories of these courageous persons across the country. The campaign was launched at a press conference, organized in partnership with the Ministry of Health, the Ministry of Labour, Social Protection and Family, the UN Resident Coordinator/UNDP Resident Representative, the chairman of the NGO "Positive Initiative", as well as participants in the social campaign. As part of the campaign, the action "Safe Route" aimed at informing the general population about HIV/AIDS prevention through the distribution of informational materials in public places, on streets, public transport, etc. Car drivers were urged to show tolerance towards people living with HIV, and to stick a red ribbon on their cars. In Balti, community activities for commemoration of persons who died from AIDS and information actions for the general population about HIV and AIDS, including awareness and media events, were organized. The NGO "Zdorovoe Budushee" (Healthy Future) from Tiraspol organized an information campaign aimed at increasing tolerance towards people living with HIV. They succeeded to broadcast a spot on HIV prevention on outdoor screens and in cinemas in Tiraspol and Bender, and distributed information materials through different channels. The campaign resulted in a large number of comments, opinions, and reactions among the general population and in the field of HIV prevention professionals, as well as on the Internet. The reactions demonstrated improved attitudes and acceptance towards people living with HIV.

The second major communication campaign was launched on World AIDS Day, 1 December 2015. The same approach was used in the implementation – a nation-wide campaign, covering all regions, including Transnistria. The December campaign was designed around the first 90% from the global UNAIDS initiative 90%-90%-90%. It addressed HIV testing; currently only around 5% of persons in the groups with higher risk of infection in Moldova have been tested for HIV. The activities in Moldova were part of the Eastern Europe and Central Asia regional campaign, and were conducted under the slogan "It concerns you! It concerns everyone!". Eight well-known persons from Moldova joined the campaign: Dara (Moldovan Goodwill Ambassador), the music group Zdob&Zdub, Yan Feldman (chair of the Equality Council), Lucia Berdos (Owner of Felicia Pharmaceutical network), Natalia Morari (journalist), Victor Micusa (hairstylist), including two persons from the Transnistrian region, Elena Pahomova (journalist) and Tatiana Scripnic (de facto Minister of Health). A strong mobilization of efforts and financial resources

(from UNAIDS core funds, the Global Fund, the Government of Sweden and the private sector in Moldova) resulted in a successful campaign. The campaign video was broadcast by three TV stations: Moldova 1, TVR Moldova and TV 7. The audio material was broadcast on Radio Zum, Super-Radio Moldova, and АвтоРадио-Молдова. NGOs were also involved in the implementation of the campaign; the main activities were organized in Chisinau, Balti, Tiraspol, Comrat and Cahul by the NGOs “Positive Initiative”, “Youth for the Right to Live”, and “Society, Human, Rights, Future”. As an outcome of the campaign, the Ministry of Health issued an order to ensure that all persons who approach health institutions for HIV testing are offered this service.

ii) Indicator Based Performance Assessment:

	Achieved indicator targets	Reasons for variance with planned target (if any)	Source of verification
<p>Outcome 1 Four policy documents on integrated care developed Indicator: Number of documents on integrated care developed Baseline: 0 Planned Target: 4</p>	Three documents developed	Work involving the Transnistrian region requires extensive and time consuming coordination, which poses challenges to the timely implementation of activities. However, one of the documents (the road map) was updated and revised, which had not been originally planned.	Narrative report
<p>Output 1.1.1 Needs assessed Indicator 1.1.1 Number of reports presented Baseline: 1 Planned Target: 0</p>	None/a new activity was proposed: Improvement of prison health infrastructure (achieved)	It was agreed with the donor (the Government of Sweden) that an additional needs assessment would not give added value since the Hammarberg report already provides relevant information. In order to improve health conditions of prisoners and indirectly strengthen the dialogue between the <i>de facto</i> prison sector and NGOs (which implemented the activity), it was decided to revise the output to <i>improvement of prison health infrastructure (achieved)</i> .	Narrative report
<p>Output 1.1.2 Knowledge and competencies of key stakeholders to provide TB treatment and care consolidated Indicator 1.1.2: Number of staff participating in study visit Baseline: 0 Planned Target: 7 Output 1.1.3: Knowledge and competencies of key stakeholders to provide integrated HIV/TB/drug addiction treatment consolidated Indicator 1.1.3: Number of staff participating in study visit Baseline: 0 Planned Target: 7</p>	Indicator 1.1.2: 7 staff participated Indicator 1.1.3: 7 staff participated		Narrative report Narrative report
<p>Output 1.1.4 Health staff trained to provide integrated care services on HIV/TB, especially PMTCT Indicator: Number of staff trained Baseline: 0 Planned Target: 60</p>	61 staff trained		Narrative report
<p>Outcome 2 The twinning platform between Moldova/Transnistria and Belarus created and consolidated Indicator: The twinning platform between</p>	Platform functional		Narrative report

Moldova/Transnistria and Belarus created and functional Baseline: 0 Planned Target: Platform functional			
Output 2.1.1 Narcological services from both banks of the Nistru river, including civil society providing services for IDUs, exposed to best practices Indicator: Number of staff participating in site visit Baseline: 0 Planned Target: 7	9 staff participated		Narrative report
Output 2.1.2 Knowledge and competencies of narcological professionals to provide/drug addiction treatment consolidated Indicator: Number of staff trained Baseline: 0 Planned Target: 50	50 staff trained		Narrative report
Output 2.1.3 Organize a series of trainings using TreatNet tool developed by UNODC for the narcologists drug dependency specialists from the Transnistrian region Indicator: Number of staff trained Baseline: 0 Planned Target: 20	20 staff trained		Narrative report
Outcome 3 Tolerant attitudes towards most in risk populations and HIV persons developed Indicator: Number of persons reached by the events Baseline: 0 Planned Target: 2,000	More than 2,000 persons reached		Narrative report
Output 3.1 Elaboration of information, education, communication (IEC) materials on HIV and TB prevention for health workers, police/militia, social workers Indicator: Number of informational materials distributed Baseline: 0 Planned target: 1,000	56,000		Narrative report
Output 3.2 Awareness events to fight stigma and discrimination organized on both banks of the Nistru river Indicator: Number of campaigns organized Baseline: 0 Target: 2	2 campaigns organized		Narrative report

iii). Evaluation, Best Practices and Lessons Learned

The key lessons drawn from the implementation of this programme include:

- Joint activities, such as study visits, trainings, and exchanges involving stakeholders from both banks of the Nistru river create bridges for confidence building;
- The programme targets technical level medical staff from both banks of the Nistru. To ensure effective change and full institutional commitment, involvement of senior management and high-level authorities is required. At the same time, every activity needs to be considered carefully and the involvement of senior administrative staff from Transnistrian *de facto* authorities balanced with political risks due to the sensitivity of the subject matter;
- Care should be exercised in the selection of the location for exposing staff from the Transnistrian region to international standards and best practices. For sensitive policies and practices, such as the use of methadone in the health sector, Belarus turned out to be a good choice, which was readily accepted by the Transnistrian counterparts;
- Establishing a dialogue with law enforcement authorities and civil society is instrumental for smooth implementation of the comprehensive package of services for HIV/AIDS prevention among those most at risk and vulnerable groups;
- The programme has not yet been able to present the assessment of integration of human rights into the HIV response in the Transnistrian region. This assessment was planned to be undertaken at the end of the programme, after the Transnistrian stakeholders had been exposed to human rights best practices. However, issues related to legislation are highly sensitive for the Transnistrian counterparts, thus the coordination of the exercise took more time than planned. As a solution, it was agreed to follow up on this activity in the second phase of the programme (2016-2017).

iv) A Specific Story (Optional)

“My status is not a secret” was the slogan used into the communication campaign from 2015 aimed at fighting the high stigma and discrimination. For the first ever time five persons from Moldova spoke publicly about their HIV statute. Natalia Palamari from Transnistria region was one of those heroes, accepting to public disclosure. Natalia is 38 years old, has three children and works with a local NGO active dealing with HIV. She is living with HIV for 10 years already. Initially she was very afraid to talk with her family and friends about her statute. Still, after the disclosure - all the fears turned out to be a mirage. There was no condemnation coming from her family and her situation was fully accepted. Her children were very well informed and they started to help and to protect other HIV-positive children. She is sure that no one from her family members or friends will ever discriminate other persons because of the HIV statute.

Natalia believes that “If a miracle happens and all HIV-positive people open their statute, the world would change completely. People would understand that there is HIV in their environment and they would have to change their attitudes towards this disease and people living with it.” During 2016, 22 more HIV persons disclosed their status.

The interview with Natalia, in Russian, with pictures, is published here (<http://positivepeople.md/natalia-palamari/>)